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Data Sheet

CONFIRMATION NO. 5

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/632,783 | FILING DATE<br>08/01/2003<br><br>RULE | CLASS<br>455 | GROUP ART UNIT<br>2645 | ATTORNEY DOCKE<br>NO.<br>SCEI 3.0-133 CIP |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

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## CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/143,476 05/10/2002

## FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2002-227679 08/05/2002

JAPAN 2001-145982 05/16/2001

JAPAN 2002-050352 02/26/2002

## REQUIRED, FOREIGN FILING LICENSE GRANTED

0/30/2003

|   |                              |                         |                       |                             |
|---|------------------------------|-------------------------|-----------------------|-----------------------------|
| Ign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>22 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>11 |
| SC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                              |                         |                       |                             |
| Filed and Acknowledged<br>Examiner's Signature _____ Initials _____   |                              |                         |                       |                             |

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## LE

Method for transmitting information data associated with the number of transmissions of a calling signal

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1696 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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